March 19, 2018

The Honorable Donald J. Trump
President
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Trump:

I write with concern about your Administration’s consideration of Dr. Robert Redfield to lead the Centers for Disease Control and Prevention (CDC), given his lack of public health credentials and his history of controversial positions regarding the prevention and treatment of HIV/AIDS. As I made clear through Dr. Fitzgerald’s tenure as CDC Director and since her resignation, I believe the CDC Director must first and foremost be a champion of public health and ensure this Administration embraces the science around public health in both its domestic and global work. I am concerned by Dr. Redfield’s lack of public health expertise and his failure to embrace the science underscoring critical public health work, and I urge you to reconsider him as a candidate for CDC Director.

Dr. Redfield is currently a professor and Associate Director of the Institute of Human Virology at the University of Maryland School of Medicine. His career has been focused primarily on the research and treatment of HIV/AIDS. His work became the subject of controversy in the early 1990s, when he served as the chief of the Department of Retroviral Research at the Walter Reed Army Institute of Research (WRAIR). Dr. Redfield was a strong advocate of an experimental AIDS vaccine called gp-160, and he worked closely with the vaccine’s manufacturer, MicroGeneSys, and a conservative AIDS lobbying group, Americans for Sound AIDS Policy (ASAP), to gain support for the vaccine.[1]

In early 1993, the Army launched an investigation into Dr. Redfield’s work after he misrepresented data on gp-160’s effectiveness at an international conference. The Army ultimately found no evidence of scientific misconduct, but it did find that Redfield’s analysis of the vaccine trial data was faulty and criticized him for prematurely presenting the information.[2] The Army also criticized Redfield’s “close relationship” with ASAP, finding that WRAIR had shared scientific information with ASAP “to a degree that is inappropriate.” The Army’s investigation itself then became the subject of attack, with other researchers alleging the

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Army had failed to properly investigate potential wrongdoing and was incapable of investigating its own scientists objectively.\[^3\]

In June 1994, Public Citizen called on Congress to investigate, saying it had obtained documents that showed “a systematic pattern of data manipulation, inappropriate statistical analyses and misleading data presentation by Army researchers in an apparent attempt to promote the usefulness of the gp160 AIDS vaccine.”\[^4\] Public Citizen cited a report by two Air Force medical researchers who found that Redfield’s data analysis was “sloppy or, possibly, deceptive” and “creates false hope and could result in premature deployment of the vaccine.”\[^5\] Several weeks later, Dr. Redfield was transferred from the WRAIR to a position treating patients at an Army hospital.\[^6\]

Several years earlier, Dr. Redfield defended the Army’s practice of segregating HIV-positive members of its ranks into the “armed forces’ first consolidated unit of HIV-infected soldiers.” The soldiers were housed separately, in what became known at Fort Hood as the “HIV hotel” and “the leper colony.”[7] Dr. Redfield defended the extreme policy, stating, “The reason we have done what we have done is that we think it’s good medicine. And it’s medicine that might work in the civilian sector as well.” After a journalist exposed the segregation, the Department of Defense Inspector General found that practice violated the Army regulations.\[^8\]

In the mid-1980s, Dr. Redfield called for widespread patient testing for HIV, recommending that patients undergo routine testing during physical exams, clinic visits, and hospitalizations, as well as when applying for marriage licenses.\[^9\] Dr. Redfield was also instrumental in implementing a mandatory HIV screening program at the Department of Defense, under which every recruit was screened and those who tested positive for HIV were barred from military service.\[^10\] Dr. Redfield testified before Congress that “opt-in” HIV testing for only those who request it is “discriminatory” because it reaches only those who understand the risks of HIV/AIDS.\[^11\] Dr. Redfield also called for any HIV-positive test result to be reported to public health authorities without the patient’s consent, even for asymptomatic patients, given the risks associated with the virus’s transmission.

Most medical authorities at the time, including the CDC and the Surgeon General, opposed mandatory testing in favor of voluntary testing combined with education and


\[^4\] Lyn Bixby, *Army’s Top Aids Researcher Transferred Amid Controversy*, Hartford Courant (June 30, 1994).


\[^6\] Lyn Bixby, *Army’s Top Aids Researcher Transferred Amid Controversy*, Hartford Courant (June 30, 1994).


\[^9\] Testimony of Dr. Robert Redfield, Department of Virus Diseases, Walter Reed Army Institute of Research, Hearing on AIDS Issues, House Committee on Energy and Commerce (Aug. 7, 1987).


\[^11\] Testimony of Dr. Robert Redfield, Department of Virus Diseases, Walter Reed Army Institute of Research, Hearing on AIDS Issues, House Committee on Energy and Commerce (Aug. 7, 1987).
They found little public health justification for such mandatory testing, given that it would have been largely ineffective against the spread of the disease. Advocates and civil rights groups also opposed such widespread testing and reporting, fearing that the information would not remain confidential and could be used by a patient’s employer or insurer to discriminate against him or her.\[12\]

This pattern of ethically and morally questionable behavior leads me to seriously question whether Dr. Redfield is qualified to be the federal government’s chief advocate and spokesperson for public health. His positions on mandatory testing and segregation of HIV-positive soldiers were inconsistent with what public health officials, including the CDC, recommended at the time, and he has taken no action to distance himself from those positions. If you choose to move forward with his appointment despite his controversial positions, I will seek his assurances that he has changed his positions in these key areas and that he understands the importance of conducting research with integrity and independent from the influence of special interests. I will also seek to ensure that he acknowledges the importance of the CDC Director embracing science and demonstrating experience in public health.

I hope you will reconsider Dr. Redfield as a candidate for CDC Director and instead seek a candidate whose experience and positions lend credibility to the nation’s critical public health work.

Sincerely,

Patty Murray
United States Senator
Ranking Member, Senate Committee on Health, Education, Labor, and Pensions

cc: The Honorable Lamar Alexander, United States Senator
Chairman, Senate Committee on Health, Education, Labor, and Pensions
